

NUM587 G004

PTO-1331 (REV. 10-83) U.S. DEPARTMENT OF COMMERCE - Patent and Trademark Office

15.11.07

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|---|------------------|---|-----------------------------|--------------------------|--|
| Combined Declaration For Parent Application and Power of Attorney (Continued) | | | | Docket No. | |
| (includes Reference to PCT International Applications) | | | | MR-25 | |
| <p>I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of the application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty of disclose material information as defined in Title 37, Code of Federal Regulations, §1.56(e) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application:</p> | | | | | |
| <p>PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:</p> | | | | | |
| U.S. APPLICATIONS | | STATUS(CHECK ONE) | | | |
| U.S. APPLICATION NUMBER | U.S. FILING DATE | PATENTED | PENDING | ABANDONED | |
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| PCT APPLICATIONS DESIGNATING THE U.S. | | | | | |
| PCT APPLICATION NO. | PCT FILING DATE | U.S. SERIAL NO. | | | |
| | | | | | |
| | | | | | |
| <p>POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)</p> | | | | | |
| <p>FRIEDRICH KUEFFNER, REG. NO. 29,482</p> | | | | | |
| Send Correspondence to: | | Direct Telephone Calls to: | | | |
| <p>FRIEDRICH KUEFFNER 342 MADISON AVENUE, SUITE 1021 NEW YORK, N.Y. 10173</p> | | <p>FRIEDRICH KUEFFNER (212) 985-3114</p> | | | |
| <p>1-00</p> | | | | | |
| FULL NAME | | Family Name | First Given Name | Second Given Name | |
| OF INVENTOR | | Moell | Thomas | | |
| RESIDENCE & CITY | | State Or Foreign Country | | Citizenship | |
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| POST OFFICE ADDRESS | | City | State & Zip Code | | |
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J. J. J.
 15.11.07

Empfangen: 12.11.01 19:14;


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MEISSNER, BOLTE -> 0033762225499

NUM587 0006

| Combined Declaration For Parent Application and Power of Attorney (Continued) | | | | Docket No. |
|---|----------------------------|---|-------------------------------------|-----------------------------|
| (Includes Reference to PCT International Applications) | | | | MR-25 |
| 2 | FULL NAME OF INVENTOR | Family Name Warschewski | First Given Name Udo | Second Given Name |
| 0 | RESIDENCE & CITIZENSHIP | City Berlin | State Or Foreign Country Germany | Citizenship German |
| 2 | POST OFFICE ADDRESS | Post Office Address Dessauerstrasse 13 | City 12249 Berlin | State & Zip Code Germany |
| 2 | FULL NAME OF INVENTOR | Family Name von Stockhausen | First Given Name Hans-Martin | Second Given Name |
| 0 | RESIDENCE & CITIZENSHIP | City Erlangen | State Or Foreign Country Germany | Citizenship German |
| 3 | POST OFFICE ADDRESS | Post Office Address Hindenburgstrasse 69 | City 91054 Erlangen | State & Zip Code Germany |
| <p>I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.</p> | | | | |
| SIGNATURE OF INVENTOR 201 | | SIGNATURE OF INVENTOR 202 | | SIGNATURE OF INVENTOR 203 |
| DATE 15.11.07 | | DATE | | DATE |

 15.11.07

12/11/2001

18:52

MEISSNER ALTE -> 0033762225499

09831096 .013182 0004

COMBINED DECLARATION FOR PARENT APPLICATION AND POWER OF ATTORNEY
(includes Reference to PCT International Applications)

Attorney's Docket No.

MR-25

As a below named inventor, I hereby declare that:
My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled: **NAVIGATION SYSTEM FOR PERFORMING AND ASSISTING SURGICAL OPERATIONS, MARKING DEVICE OR FIDUCIAL, AND POINTER FOR A TRACKING DEVICE IN A NAVIGATION SYSTEM**

the specification of which (check only one item below):

☐ is attached hereto.

☐ was filed as United States application

Serial No. _____

on _____

and was amended

on _____ (if applicable).

☒ was filed as PCT international application

Number PCT/EP98/08602

on NOVEMBER 10, 1999

and was amended under PCT Article 19

on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the application(s) of which priority is claimed:

PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:

| COUNTRY (If PCT, indicate PCT) | APPLICATION NUMBER (day, month, year) | DATE OF FILING UNDER 35 USC 119 | PRIORITY CLAIMED YES NO |
|-----------------------------------|--|------------------------------------|----------------------------|
|-----------------------------------|--|------------------------------------|----------------------------|

GERMANY

198 53 010.2

17 NOVEMBER 1998

☒ YES ☐ NO

GERMANY

199 09 816.6

5 MARCH 1999

☒ YES ☐ NO

12/11/2001

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09831096 : 013102 0005

Combined Declaration For Parent Application and Power of Attorney (Continued) | Docket No. |
 (includes Reference to PCT International Applications) | MR-25 |

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PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:

| U.S. APPLICATIONS | | STATUS(CHECK ONE) | | |
|---------------------------------------|------------------|-------------------|---------|-----------|
| U.S. APPLICATION NUMBER | U.S. FILING DATE | PATENTED | PENDING | ABANDONED |
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| PCT APPLICATIONS DESIGNATING THE U.S. | | | | |
| PCT APPLICATION NO. | PCT FILING DATE | U.S. SERIAL NO. | | |
| | | | | |
| | | | | |

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number)

FRIEDRICH KUEFFNER, REG. NO. 29,482

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NEW YORK, N.Y. 10173

Direct Telephone Calls to: **FRIEDRICH KUEFFNER**
(212) 986-3114

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|---|---------------------|--------------------------|-------------------|-------------------|
| | FULL NAME | Family Name | First Given Name | Second Given Name |
| 2 | OF INVENTOR | Hoell | Thomas | |
| | RESIDENCE & CITY | State Or Foreign Country | Citizenship | |
| 0 | CITIZENSHIP | Halle/Saale | Germany | German |
| | POST OFFICE ADDRESS | Post Office Address | City | State & Zip Code |
| 1 | ADDRESS | Liebenauerstrasse 16 | 06110 Halle/Saale | Germany |

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Combined Declaration For Parent Application and Power of Attorney (Continued) | Docket No. |
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2-00
 2 | FULL NAME | Family Name | First Given Name | Second Given Name |
 OF INVENTOR |

2 | Warschewske | Udo | | |

0 | RESIDENCE & City | State Or Foreign Country | Citizenship |
 CITIZENSHIP |

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 ADDRESS |

2 | Dessauerstrasse 13 | 12249 Berlin | Germany |

2 | FULL NAME | Family Name | First Given Name | Second Given Name |
 OF INVENTOR |

2 | von Stockhausen | Hans-Martin | | |

0 | RESIDENCE & City | State Or Foreign Country | Citizenship |
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0 | Erlangen | Germany | German |

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SIGNATURE OF INVENTOR 201

SIGNATURE OF INVENTOR 202

SIGNATURE OF INVENTOR 203

DATE

DATE

DATE

13.11.01

COMBINED DECLARATION FOR PARENT APPLICATION AND POWER OF ATTORNEY (Attorney's Docket No. |
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As a below named inventor, I hereby declare that:
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 on _____ (if applicable).
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|-----------------------------------|--------------------|--------------------------------------|---|
| GERMANY | 198 53 010.2 | 17 NOVEMBER 1998 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |
| GERMANY | 199 09 816.6 | 5 MARCH 1999 | <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO |

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MEISSNER, BOLTE → 8833762225499

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| FRIEDRICH KUEFFNER, REG. NO. 29,482 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Send Correspondence to: | | | Direct Telephone Calls to: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FRIEDRICH KUEFFNER 342 MADISON AVENUE, SUITE 1821 NEW YORK, N.Y. 10173 | | | FRIEDRICH KUEFFNER (212) 955-3714 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <tr> <td>FULL NAME</td> <td>Family Name</td> <td>First Given Name</td> <td>Second Given Name</td> </tr> <tr> <td>OF INVENTOR</td> <td>Host</td> <td>Thomas</td> <td></td> </tr> <tr> <td>2</td> <td></td> <td></td> <td></td> </tr> <tr> <td>RESIDENCE & CITY</td> <td>State Or Foreign Country</td> <td>Citizenship</td> <td></td> </tr> <tr> <td>0</td> <td>Halle/Saale</td> <td>Germany</td> <td>German</td> </tr> <tr> <td>POST OFFICE ADDRESS</td> <td>Post Office Address</td> <td>City</td> <td>State & Zip Code</td> </tr> <tr> <td>1</td> <td>Liebkneuerstrasse 18</td> <td>06110 Halle/Saale</td> <td>Germany</td> </tr> </table> | | | | | | FULL NAME | Family Name | First Given Name | Second Given Name | OF INVENTOR | Host | Thomas | | 2 | | | | RESIDENCE & CITY | State Or Foreign Country | Citizenship | | 0 | Halle/Saale | Germany | German | POST OFFICE ADDRESS | Post Office Address | City | State & Zip Code | 1 | Liebkneuerstrasse 18 | 06110 Halle/Saale | Germany |
| FULL NAME | Family Name | First Given Name | Second Given Name | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OF INVENTOR | Host | Thomas | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RESIDENCE & CITY | State Or Foreign Country | Citizenship | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | Halle/Saale | Germany | German | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| POST OFFICE ADDRESS | Post Office Address | City | State & Zip Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | Liebkneuerstrasse 18 | 06110 Halle/Saale | Germany | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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 12/11/2001 18:52 MEISSNER, BOLTE -> 0033762225499

NUM587 0006

Combined Declaration For Parent Application and Power of Attorney (Continued) (Docket No. |
 (Includes Reference to PCT International Applications) MR-25 |

FULL NAME | Family Name | First Given Name | Second Given Name |
 OF INVENTOR |

2 | Warschewski

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Citizenship

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FULL NAME | Family Name | First Given Name | Second Given Name |
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2 | von Stockhausen

Hans-Martin

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Citizenship

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3 | POST OFFICE | Post Office Address | City | State & Zip Code |
ADDRESS

Hindenburgstrasse 69

91054 Erlangen

Germany

I hereby declare that all statements made herein of my own knowledge are true and that
 all statements made on information and belief are believed to be true; and further
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SIGNATURE OF INVENTOR 201

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SIGNATURE OF INVENTOR 203

DATE

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14/11/2001

3-00